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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/084,614

Applicant : Scott BIERLY et al. Filed : February 28, 2002

TC/A.U. : 2634 Examiner : LU, J. Confirmation No. : 1621

Docket No. : 0918.0153C Customer No. : 27896

Title : Integrated Beamformer/Modem Architecture

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

## TRANSMITTAL OF AMENDMENT

Enclosed are the following documents in response to the Office Action mailed June 28, 2005, for the above-identified application:

| $\boxtimes$ | Amendment (14 Pages)   |
|-------------|--|
| $\boxtimes$ | Petition for Extension of Time (2 pages)                                       |
|             | Request for Approval of Drawing Changes  |
|             | Notice of Appeal   |
|             | Associate Power  |
|             | Revocation and New Power   |
|             | Change of Address  |
|             | Return receipt postcard  |
| $\boxtimes$ | Check No. 9150 in the amount of \$300.00 for the total fee as calculated below |
| $\boxtimes$ | Check No. 9151 in the amount of \$120.00 for payment of the one-month          |
|             | extension of time fee  |

The fee has been calculated as follows:

|  | NO OF<br>CLAIMS<br>REMAINING | NO. OF CLAIMS<br>PREVIOUSLY<br>PAID FOR | NO OF<br>EXCESS<br>CLAIMS | RATE     | FEE      |
|--|------------------------------|---|---------------------------|----------|----------|
| Total<br>Claims  | 30                           | - 24 =                                  | 6                         | \$50.00  | \$300.00 |
| Independent<br>Claims  | 3                            | - 3 =                                   | 0                         | \$200.00 | 0.00     |
| If multiple dep  | 0.00                         |   |                           |          |          |
| Total Amendm   | \$300.00                     |   |                           |          |          |
| Applicant claims Small Entity Status (subtract 50% of Total Application Fee) |                              |   |                           |          | 0.00     |
| Other fees: (specify)  |                              |   |                           |          | 0.00     |
| TOTAL FEE  | \$300.00                     |   |                           |          |          |

| $\boxtimes$ | A check for the total fee is attached.  |  |  |  |
|-------------|---|--|--|--|
|             | Please charge \$ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.  |  |  |  |
| $\boxtimes$ | The Commissioner is hereby authorized to charge any additional appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 05-0460. |  |  |  |

Dated: 10/6/05

EDELL, SHAPIRO & FINNAN, LLC CUSTOMER No. 27896 1901 Research Boulevard, Suite 400 Rockville, MD 20850 (301) 424-3640 By:

Patrick J. Finnan Reg. No. 39,189

Respectfully submitted by

EDELL, SHAPIRO FINNAN, LLC